

MAR 07 2008

PTO/SB/17 (12-04/2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/792,358
Filing Date	March 3, 2004
First Named Inventor	Charles L. Branch et al.
Examiner Name	Pedro Philogene
Art Unit	3733
Attorney Docket No.	MSDI-90/PC689.02

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number 12-2424 Deposit Account Name Krieg DeVault Lundy

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ =

0.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ =

0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Information Disclosure Statement

180.00

**SUBMITTED BY**

Signature

Registration No. 43,558  
(Attorney/Agent)

Telephone 317-636-4341

Name (Print/Type) Douglas A. Collier

Date March 7, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)	Before the Examiner:
Charles L. Branch et al.	)	Pedro Philogene
	)	
Serial No. 10/792,358	)	Group Art Unit:
	)	3733
Filed: March 3, 2004	)	
	)	March 7, 2008
INSTRUMENTS AND METHODS FOR	)	
MINIMALLY INVASIVE TISSUE	)	Atty. Docket No.:
RETRACTION AND SURGERY	)	MSDI-90/PC689.02

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Pursuant to the duty of disclosure embodied in 37 C.F.R. §1.56, applicant wishes to bring to the attention of the Examiner the following patents, publications and/or other information listed on the attached PTO Form SB/08A and/or SB/08B.

This information is not believed to have been previously submitted in this application, and has not heretofore been cited by the Examiner. Copies of the cited items have been enclosed

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

March 7, 2008

Date of Transmission

Douglas A. Collier

Name of Registered Representative

Signature

March 7, 2008

Date of Signature

U.S. Patent Application No. 10/792,358  
Charles L. Branch et al.  
MSDI-90/PC689.02

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for both the foreign references and publications when applicable. The filing of this Information Disclosure Statement shall not be construed as an admission that the information cited is, or is considered to be, material to patentability as defined in §1.56 or prior art.

This Statement is being submitted after the mailing of an Office Action on the merits but prior to the mailing of a final Action or a Notice of Allowance. Therefore, a fee in the amount of \$180.00 is enclosed for consideration of this Supplemental Information Disclosure Statement. Should any additional fees be required, please charge such fee to Deposit Account No. 12-2424, but not to include any payment of issue fees.

Respectfully submitted:

By: 

Douglas A. Collier  
Reg. No. 43,556  
Krieg DeVault LLP  
2800 One Indiana Square  
Indianapolis, Indiana 46204-2079  
Phone: (317) 238-6333  
Facsimile: (317) 636-1507

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